



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/22/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJR000013102
FACILITY NAME ->	COOKSON PIGMENTS SITE
MAILING ADDRESS ->	CHESTNUT RUN PLZ 700-123A WILMINGTON, DE 19880
INSTALLATION ADDRESS ->	256 VANDERPOOL ST DUPONT WAREHOUSE NEWARK, NJ 07114

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: LAPENTA, CAROL  
ENV SPECIALIST  
COOKSON PIGMENTS SITE  
CHESTNUT RUN PLZ 700-123A  
WILMINGTON, DE 19880



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification☐ B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NJ0002190627

II. Name of Installation (Include company and specific site name)

COOKSON PIGMENTS SITE

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

256 VANDERPOOL STREET

Street (Continued)

DUPONT WAREHOUSE

City or Town

NEWARK

State

Zip Code

NJ 07114-

County Code

County Name

013 ESSEX

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

CHESTNUT RUN PLAZA 700-123A

City or Town

WILMINGTON

State

Zip Code

DE 19880-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

LAPENTA

(First)

CAROL

Job Title

ENVIRON. SPECIALIST

Phone Number (Area Code and Number)

302-999-4270

VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COOKSON PIGMENTS

Street, P.O. Box, or Route Number

256 VANDERPOOL STREET

City or Town

NEWARK

State

Zip Code

NJ 07114-

Phone Number (Area Code and Number)

201-596-6242

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Months Day Year

Call Bob Raymond (302) 992-6972

NJR 000013102



96 JUL 10 AM 10:23

HAZARDOUS & SOLID WASTE  
BRANCH

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter/Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ D008

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
D008					

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Carol M. Lapenta

Name and Official Title (Type or print)

CAROL M. LAPENTA  
ENVIRONMENTAL SPECIALIST

Date Signed

7/9/96

## XI. Comments

WASTE DISPOSAL FROM SITE REMEDIATION, ONE-TIME EFFORT. DUPONT COMPANY RESPONSIBLE PARTY FOR REMEDIATION WHILE COOKSON PIGMENTS IS SITE OWNER; PLEASE SEND ALL CORRESPONDENCE TO ABOVE-NAMED SIGNER.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

12/28/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER: NJR000013102**

**INSTALLATION NAME: DUPONT - COOKSON**

**INSTALLATION ADDRESS : 256 VANDERPOOL ST  
NEWARK, NJ 07114-2413**

**MAILING ADDRESS : 4417 LANCASTER AVE - BMP 19/2213  
WILMINGTON, DE 19805**

EPA Form 8700-12AB (4-80)


**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: DUPONT - COOKSON  
or Current Occupant  
ATTN: J SCOTT POOLE  
4417 LANCASTER AVE - BMP 19/2213  
WILMINGTON, DE, 19805**



update

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number</b> (page 14)	EPA ID Number NJR000013102		
<b>3. Site Name</b> (page 14)	Name: DuPont (Cookson)		
<b>4. Site Location Information</b> (page 14)	Street Address: 256 Underpool Street		
	City, Town, or Village: Newark	State: NJ	
	County Name: Essex	Zip Code: 07105	
<b>5. Site Land Type</b> (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other DuPont completing Remediation @ Site		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)	A. 56291	B.	
	C.	D.	
<b>7. Site Mailing Address</b> (page 15)	Street or P. O. Box: 4417 Lancaster Ave BWP 19/2213		
	City, Town, or Village: Wilmington		
	State: DE		
	Country: USA	Zip Code: 19805	
<b>8. Site Contact Person</b> (page 15)	First Name: J. Scott	MI:	Last Name: Poole
	Phone Number: 302.992.2715 Extension:		Email address: J-Scott-Poole@usa.dupont.com
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)	A. Name of Site's Operator: James Kalenta		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Cookson Pigments		Date Became Owner (mm/dd/yyyy): ~ 01/01/1983
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: NJR 000013102

OMB#: 2050-0028 Expires 06/30/2009

9. Legal Owner (Continued) Address	Street or P. O. Box: ONE Cookson Place	
	City, Town, or Village: Providence	
	State: RI	
	Country: USA	Zip Code: 02903

  
**10. Type of Regulated Waste Activity**  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)  
  
**A. Hazardous Waste Activities**  
Complete all parts for 1 through 6.  
  

<input checked="" type="checkbox"/> <b>1. Generator of Hazardous Waste</b> If "Yes", choose only one of the following - a, b, or c.  <input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or  <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or  <input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste  In addition, indicate other generator activities.  <input type="checkbox"/> <b>d. United States Importer of Hazardous Waste</b>  <input type="checkbox"/> <b>e. Mixed Waste (hazardous and radioactive) Generator</b>	<input checked="" type="checkbox"/> <b>2. Transporter of Hazardous Waste</b>  <input checked="" type="checkbox"/> <b>3. Treater, Storer, or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.  <input checked="" type="checkbox"/> <b>4. Recycler of Hazardous Waste (at your site)</b>  <input checked="" type="checkbox"/> <b>5. Exempt Boiler and/or Industrial Furnace</b> If "Yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining  <input checked="" type="checkbox"/> <b>6. Underground Injection Control</b>
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<b>B. Universal Waste Activities</b>  <input checked="" type="checkbox"/> <b>1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal mark all boxes that apply:</b>  <table border="0"><thead><tr><th></th><th>Manage</th></tr></thead><tbody><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Mercury containing equipment</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify)</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify)</td><td><input type="checkbox"/></td></tr><tr><td>g. Other (specify)</td><td><input type="checkbox"/></td></tr></tbody></table> <input checked="" type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> Note: A hazardous waste permit may be required for this activity.		Manage	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify)	<input type="checkbox"/>	f. Other (specify)	<input type="checkbox"/>	g. Other (specify)	<input type="checkbox"/>	<b>C. Used Oil Activities</b> Mark all boxes that apply.  <input checked="" type="checkbox"/> <b>1. Used Oil Transporter</b> If "Yes", mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility  <input checked="" type="checkbox"/> <b>2. Used Oil Processor and/or Re-refiner</b> If "Yes", mark each that applies. <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner  <input checked="" type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b>  <input checked="" type="checkbox"/> <b>4. Used Oil Fuel Marketer</b> If "Yes", mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
	Manage																
a. Batteries	<input type="checkbox"/>																
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c. Mercury containing equipment	<input type="checkbox"/>																
d. Lamps	<input type="checkbox"/>																
e. Other (specify)	<input type="checkbox"/>																
f. Other (specify)	<input type="checkbox"/>																
g. Other (specify)	<input type="checkbox"/>																



EPA ID NO: NJR 000013102

OMB#: 2050-0028 Expires 06/30/2009

## 11. Description of Hazardous Wastes (See instructions on page 21.)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						
D006						
D007						

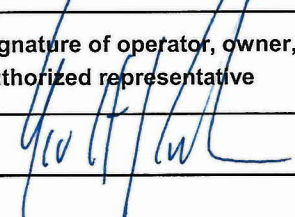
**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


## 12. Comments (See instructions on page 21.)

Site is under remediation: Two EPA Ids exist for this site since it is abandoned. DuPont has one: NJR000013102; Cookson Pigments has another NJD002190627. DuPont's was inactive @ NJDEP.

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Scott Poole: Environmental Consultant	10/23/07